

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF COLUMBIA

JOHN DOE #1 et al.

Plaintiffs,

v.

DONALD H. RUMSFELD et al.,

Defendants.

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* Civil Action No.: 1:03CV00707 (EGS)
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Declaration of Eddie Norman

1. My name is Eddie Norman. I am 39 years old, a 15-year veteran of the US Army, and a 1991 Gulf War veteran. I was once one of the healthiest Staff Sergeants in the US Army, extremely fit, and possessed keen knowledge of my military specialty. However, in August 2004 I was medically discharged from the Army after going through the Physical Evaluation Board disability process at Walter Reed Army Medical Center. Prior to that I had been at Walter Reed on medical hold status for three years after having been medical evacuated under emergency conditions from Schweinfurt, Germany. For the three years prior to my discharge I was either on home care or at Walter Reed for medical care and evaluation. None of the treatment I received at Walter Reed cured my numerous chronic illnesses.

2. My military medical records show that I suffer from many symptoms that began after receiving the mandatory anthrax vaccine. I have been diagnosed with the following: musculoskeletal pain syndrome with features of fibromyalgia, obstructive sleep apnea, mood disorder due to general medical conditions, short term memory, diabetes mellitus

Type-two (and getting worse), mild restrictive lung disease, bilateral tinnitus, and a mild compression fracture T-12. I suffer every day and cannot be treated at the military medical facilities because I was discharged six weeks prior to qualifying for medical retirement. Despite my disabling illnesses, I was forced out with only a 20 percent disability, which also disqualifies me for military-provided medical care because the threshold for this is a 30 percent disability

3. The Army Physical Evaluation Board that rated me for disability disregarded the several statements made on my behalf from the doctors at the Walter Reed National Vaccine Healthcare Center.¹ The documentation of my illnesses, and their relationship to the anthrax vaccine, was clearly stated in my medical records by Dr. Limone Collins, M.D., on the staff of the Vaccine Healthcare Center on January 14, 2004:

"SSG Norman was a high functioning, decorated service member prior to beginning the anthrax vaccine in 1998. He has no disciplinary action. He has functioned well in his duty assignments and is highly regarded even . [sic] SSG Norman's life has been significantly altered due to his disability and hope for recovery is uncertain. The lack of clinical findings is discouraging and leaves his clinical providers baffled and powerless as to an effective treatment plan. His condition is not unique for us at the vaccine healthcare center. We have treated many proficient service members with debilitating conditions that cannot be diagnosed or medically substantiated, conditions that have developed in close temporal association to having received the anthrax as well as other vaccines. Hopefully, future medical research and discovery will provide some definitive answers to these perplexing medical dilemmas and allow us to effectively treat individuals like SSG Norman." (Attachment A, page 18 of 41)

4. The documentation of my illnesses and their connection to the anthrax vaccine is so clear that it seemed that the Army Physical Evaluation Board (PEB) was trying to defend the anthrax vaccine program by willfully ignoring my illnesses. Further, given this statement by Dr. Collins demonstrating the scope of medical problems related to "anthrax

¹ www.vhcinfo.org

as well as other vaccines," the PEB's decision in my case represents institutional denial in the face of overwhelming evidence documented by the Army's own doctors. To acknowledge the scope and breadth of my illnesses would be to acknowledge both the serious illnesses caused by the anthrax vaccine and the Army's best doctors complete inability to treat those illnesses. Having spent three years at Walter Reed, I saw many Soldiers with similar conditions processed through and usually get minimal or zero disability ratings from the Army.

5. Although I am presently still ill, I receive no medical care from the Army for conditions that are service-connected. I have little energy and sweat so much that I have to be relieved from my job duties. I was able to get a job as an auto mechanic when I was first discharged from the Army, but had to quit that job because I could not perform mechanical work due to pain even though I am a highly experienced mechanic. I continue to be in pain every night and day, and my condition is getting worse. I have missed three days of work in the past two weeks due to my illnesses.

6. I have granted permission to those organizations filing a joint amicus brief in opposition to the government's emergency motion to restart the anthrax vaccine shots to use my medical records as they see fit. This statement is to certify that the records I have provided these organizations were true and exact copies of my military medical records.

7. No servicemember should be given the anthrax vaccine again without a full disclosure by DoD of the serious illnesses associated with the anthrax vaccine. This means that the court should force a full examination of all of the patient records of the Walter Reed National Vaccine Healthcare Center, and its three satellite units. Records of patients who received the anthrax vaccine and who were subsequently referred to the

Department of Defense's Deployment Health Clinical Center² (DHCC) should also be closely examined. If such an investigation occurs I believe the clear association between anthrax vaccine and chronic illness will be clear. I beg the court to please stop this madness before more soldiers and their families get hurt or die.

Pursuant to 28 U.S.C. 1746, I declare under penalty that the foregoing is true and correct. Executed this 27th day of February, 2005.

/s/

Eddie Norman former SSG, USA
14022 Adkins Rd.
Laurel, MD 20708

² http://www.pdhealth.mil/about_dhcc.asp

From: Eddienorman2@aol.com

Sent: Friday, April 16, 2004 8:59 AM

To: JRDCA@aol.com; randice@modempool.com

Subject: Re: Thank you for the anthrax vaccine documents, Eddie John,

I am truly grateful to know that there are organizations in this world that care and understand just how much of immense pain and suffering that soldiers and civilians alike have experience due to the unlawful inoculation of Anthrax vaccine. I am elated to help out in any way within my potential. As long as my personal documents will improve my disability rating to retirement status, you are welcome to use them. News papers, Congress on my behalf and others, litigation and media. Just please understand that my future and well-being is in the balance. You have my permission. Expect a fax to go out at 9:30 EST

Eddie J. Norman Home (410) 305-0488 Cell (410) 991-3849
3046-C Wadsworth, CT.
Fort Meade, MD. 20755

ATT: Mrs. UR112
202 782-3059



Walter Reed Regional Vaccine Healthcare Center

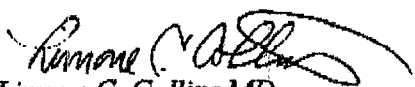
P.O. Box 59605 Washington D.C. 20012-0605
Phone: 202-782-0411 • DSN: 662-0411 • Fax: 202-782-4658

TO: President, Physical Evaluation Board

14 April 04

Eddie Norman is known to the Walter Reed Vaccine Healthcare Center for musculo-skeletal pain syndrome following receipt of the anthrax vaccine. Although no causal relationship can be proven between the receipt of the anthrax vaccine and this service member's clinical symptomatology, there is a clear temporal association. Despite multiple treatment regimes, his condition has been refractory to all modalities of care.

Based on his current response to all modes of therapy the likelihood of his clinical condition improving is poor.


Limone C. Collins MD
Medical Director
Walter Reed Regional Vaccine Healthcare Center
Washington, D.C. 20012-0605

Medical Board Addendum
DEPLOYMENT HEALTH CLINICAL CENTER
WALTER REED ARMY MEDICAL CENTER

30 June, 2003

NORMAN, EDDIE SSG USA

20/4 [REDACTED]

DOB 14 September 1965

SSG Eddie Norman completed the Specialized Care Program (SCP) in the Deployment Health Clinic Center (DHCC) on January 25, 2002. The patient was deployed to Gulf during the Gulf War. Evaluation by history and records review as well as by physical examination today reveal the following diagnoses:

1. Multiple persistent physical symptoms related to Gulf War service, etiology unspecified to varying degrees after exhaustive medical evaluation, including muscle biopsy. The following symptoms and/or previously diagnosed symptom-based syndromes are included in this category: shoulder, back, chest, joint, and headache pain, stinging and ringing in his ears, disordered sleep, tremor in his sleep, fatigue, and memory problems.
2. Fibromyalgia
3. Obstructive Sleep Apnea
4. Anxiety/Depression
5. Right Shoulder Pain
6. Low Back Pain
7. Headache, Tension
8. Tinnitus
9. Hypercholesterolemia
10. Elevated Creatinine Phosphokinase (CPK)
11. Sleep Disorder
12. Memory Disorder
13. Arthralgias
14. Diabetes, Type II
15. Plantar Fasciitis
16. Atypical Chest Pain
17. History of mild Left Ventricular Concentric Hypertrophy
18. History of Bronchitis

The patient was last seen in this clinic in January 2002. He was given an ENT consult for the stinging in his ear. The patient has had care at the Sleep Clinic, Accupuncture Clinic, Physical Therapy (Pool Therapy), Endocrinology, Vaccine Health Care Center (Allergy and Immunology), Neurology, Psychiatry here at Walter Reed since then. Further care has been through his primary providers, Dr. Limon Collins and Jeanette Williams in Allergy and Immunology. The patient may return to the DHCC at his discretion. Should there be any questions, please contact me at 202-782-0976.



Thomas Roessel, M.D., Ph.D.

Director, Clinical Evaluation Program

MEDICAL EVALUATION BOARD PROCEEDINGS				MEDICAL TREATMENT FACILITY Walter Reed Vaccine Healthcare Center, WRAMC, Wash, D.C.		DATE 9 Jan 04							
For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.													
1. NAME (Last, First, MI) Norman, Eddie J.			2. GRADE E-6		3. SSN [REDACTED]		4. COMPONENT Active						
5. DEPARTMENT Army			6. SEX M	7. DATE OF BIRTH [REDACTED]		8. ORGANIZATION WRAMC Medical Holding Company							
9. TOTAL YEARS OF MILITARY SERVICE a. ACTIVE 13 b. INACTIVE			10. DATE ENTERED CURRENT TOUR OF ACTIVE DUTY 19 Sep 89			11. MILITARY OCCUPATIONAL SPECIALTY (include code) 63B Light Wheel Mechanic							
ACTION BY THE BOARD BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO EVALUATE THE PATIENT IDENTIFIED ABOVE													
12. The patient <input checked="" type="checkbox"/> did <input checked="" type="checkbox"/> did not present views in own behalf. (When presented, attach a summary of the patient's comments to the report)													
13. DIAGNOSIS													
AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD FINDS THAT THE PATIENT HAS THE FOLLOWING MEDICAL CONDITIONS/DEFECTS. LIST ALL DIAGNOSIS. USE JOINT ARMED FORCES TERMINOLOGY AND DIAGNOSTIC CODE(S).				APPROXIMATE DATE OF ORIGIN b		INCURRED WHILE ENTITLED TO BASE PAY c		EXISTED PRIOR TO SERVICE d		PERMANENTLY AGGRAVATED BY SERVICE e			
				YES		NO		YES		NO		YES	
1. Musculoskeletal Pain Syndrome with features of fibromyalgia. ICD9: 729.1; AR 40-501, 3-41.e1. Medically Unacceptable				Jun 99		X				X		X	
2. Obstructive Sleep Apnea. ICD9: 780.5; AR 40-501, 3-41c. Medically Unacceptable				Jun 02		X				X		X	
3. Mood Disorder due to a General Medical Condition. DSM-IV 293.83, AR40-501,3-32b. Medically Unacceptable				Dec 00		X				X		X	
4. Short-term Memory Loss. ICD9: 780.99 ; Medically Acceptable				1993		X				X		X	
5. Diabetes Mellitus Type 2. ICD9: 250.0; Medically Acceptable				Aug 02		X				X		X	
6. Hypercholesterolemia. ICD9: 272.4; Medically Acceptable				Dec 00		X				X		X	
7. Hypertension. ICD9: 401.9, Medically Acceptable				Dec 02		X				X		X	
8. Mild Restrictive Lung Disease. ICD9: 496; Medically Acceptable				Oct 01		X				X		X	
9. Bilateral Tinnitus. ICD9: 388.3; Medically Acceptable						X				X		X	
10. Mild Compression Fracture T-12. Evidence of DJD. ICD9: 805/8; Medically Acceptable				2002		X				X		X	
14. The board recommends that the patient be:													
<input type="checkbox"/> Returned to duty <input type="checkbox"/> Returned to duty with the following limitations:						<input checked="" type="checkbox"/> Referred to a Physical Evaluation Board (PEB) <input type="checkbox"/> Other (specify)							

MAX SANDLIN
1ST DISTRICT, TEXAS

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON OVERSIGHT
SUBCOMMITTEE ON
SELECT REVENUE MEASURES

DEMOCRATIC CHIEF DEPUTY WHIP

**DEMOCRATIC STEERING AND
POLICY COMMITTEE**

Congress of the United States
House of Representatives
Washington, DC 20515

April 1, 2004

Mr. Eddie J. Norman
3046 -C Wadsworth Court
Fort George G Meade, Maryland 20755

Dear Mr. Norman:

Thank you for contacting me regarding your military issue. I will be happy to be of all possible assistance in this matter.

I have contacted the United States Army in your behalf and will be in touch with you again when I receive a response. In the meantime, if you plan on appealing the Medical Board's evaluation, you will need to follow the appropriate steps in the appeal process set up by that Board. If you have any questions, please feel free to contact my Marshall District Office, 1300 East Pinecrest Drive, Suite 700, Marshall, Texas 75670, telephone 903/938-8386.

With kindest regards, I am

Yours truly,



Max Sandlin
Member of Congress

MS/mw

321 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3038
FAX: (202) 225-5888

1300 EAST PINECREST DRIVE, SUITE 700
MARSHALL, TX 75670
(903) 938-8386
FAX: (903) 938-5772

202 EAST PILAR STREET, ROOM 304
NACOGDOCHES, TX 75861
(836) 559-0083
(836) 559-0074
FAX: (836) 559-0854

P.O. Box 248
New Boston, TX 75670
(903) 628-5594
FAX: (903) 628-3155

P.O. Box 538
Sulphur Springs, TX 75483
(903) 885-8882
FAX: (903) 885-2978

23 February 2004

Congressman Max Sandlin
House of Representative
Washington, DC 20515


Dear Mr. Sandlin,

I am at disbelief of the result in which the Medical board at Walter Reed Amy Medical Center has deemed regarding compensation for the lost of my good state of health. I am appalled, that the board members failed or refused to acknowledge the severity and negative side effects of the Anthrax Vaccine which destroyed my health and therefore, very much limited my day to day active relationship with my children and family; as you can see on the attached documents that I was one of the U. S. Army's finest soldiers prior to the forced inoculation of this contaminated product which nearly killed me. Consequently, I am asked to accept a sum of money or 20% disability, that's ludicrous; 20% will do nothing for long-term stability and security that I feel that my family and I truly deserve and should be entitled to. I am quite sure that you are aware of the fatality rate and the debilitating effect of the Anthrax vaccine, which have made many soldiers very ill with life threatening consequences. I was medevaced from Germany because of the crippling effect of this anthrax vaccine. From what I have read in papers and some legal document about the particular Lot# that made people sick was exactly identical to the Lots that I received. I have been through much depression, mental and physical and still suffer from those effects in which I believe will be a part of my life forever. I deserve full retirement and benefits that the Army has to offer because it was the Army that took my health away from me. They need to account for what damage has been done.

I deserve more. I have been on home-care for a year and have not been well enough to handle my everyday Job. The Army needs to properly compensate soldiers justly and not screw them over with lies and acting like nothing ever happened. If I was not sick I would stand and fight for my country, but I can't because of my present condition. Sir, all that I ask is for fairness and justice to prevail and I do put my trust in the Congress and my Representative, Mr. Max Sandlin to help me with this life long decision that is being made. It is a privilege to have the Freedom to write my congressman, Max Sandlin.

In your last letter to me (June 27,2003) you said that you would help me if I had something that involve with federal matters and I thank You very much for standing by your word. The people of the United States entrusted you to uphold the constitution of this great country. I put my trust in you to help resolve this administrative matter that will effect my life and determined the future well being of me and my family which I have worked and fought for 14.5 yrs. I am a Gulf War Vet and have contributed much of my life with blood and sweat by serving in this Great United States Active Army fighting in the forces, which guard my country and our way of life, I am prepared to give my life in their defense. Please put a stop to the injustice that I am up against at this time.

See Attachments:

Yours Truly,

Eddie James Norman
Staff Sergeant, USA



DEPARTMENT OF THE ARMY
NORTH ATLANTIC REGIONAL MEDICAL COMMAND
AND
WALTER REED ARMY MEDICAL CENTER
8900 GEORGIA AVENUE NW
WASHINGTON DC 20307-5000

MAR 10 2004



REPLY TO
ATTENTION OF
Office of the
Inspector General

EXCLUSIVE FOR
Staff Sergeant Eddie Norman
3046-C Wadsworth Court
Fort Meade, MD 20755

Dear SSG Norman:

This letter acknowledges receipt of your Inspector General Action Request (IGAR) dated 4 March 2004 regarding the issues you presented to this office.

An inquiry into these matters has been initiated. Upon its completion you will be informed of the results.

If you have any questions concerning the status of your case, you may contact Mr. Mansfield directly by calling (202) 782-3529.

Sincerely,

Victor W. Burnette
Lieutenant Colonel, US Army
Inspector General

PHYSICAL PROFILE

For use of two forms, see AR 40-501; the proponent agency is the Office of the Surgeon General

1. MEDICAL CONDITION Chronic Unspecified Myositis/ Fibromyalgia onset temporarily associated with anthrax vaccine #3.

P	U	L	H	E	S
P3	1	1	1	1	4

2. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS Case made available for use as needed. Condition has exacerbations and activity may be more limited on some days. No more than 6 duty hours/ day. Participate in specialized exercise/ stretch program 3x/ week.

CODES

C

4. THIS PROFILE IS ☒ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

- | | | | | |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Groin Stretch | <input checked="" type="checkbox"/> Thigh Stretch | <input checked="" type="checkbox"/> Lower Back Stretch | <input checked="" type="checkbox"/> Neck & Shoulder Stretch | <input checked="" type="checkbox"/> Neck Stretch |
| <input checked="" type="checkbox"/> Hip Raise | <input checked="" type="checkbox"/> Quads Stretch & Bal. | <input checked="" type="checkbox"/> Single Knee to Chest | <input checked="" type="checkbox"/> Upper Back Stretch | <input checked="" type="checkbox"/> Ankle Stretch |
| <input type="checkbox"/> Knee Bender | <input checked="" type="checkbox"/> Calf Stretch | <input checked="" type="checkbox"/> Straight Leg Raise | <input checked="" type="checkbox"/> Chest Stretch | <input checked="" type="checkbox"/> Hip Stretch |
| <input type="checkbox"/> Side-Saddle Hop | <input checked="" type="checkbox"/> Long Sit | <input checked="" type="checkbox"/> Elongation Stretch | <input checked="" type="checkbox"/> One-Arm Side Stretch | <input type="checkbox"/> Upper Body Wt Trg |
| <input type="checkbox"/> High Jump | <input checked="" type="checkbox"/> Hamstring Stretch | <input type="checkbox"/> Turn and Bounce | <input type="checkbox"/> Two-Arm Side Stretch | <input type="checkbox"/> Lower Body Wt Trg |
| <input type="checkbox"/> Jogging in Place | <input checked="" type="checkbox"/> Hams. & Calf Stretch | <input type="checkbox"/> Turn and Bend | <input type="checkbox"/> Side Bender | <input type="checkbox"/> All |

6. AEROBIC CONDITIONING EXERCISES

- ☒ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☒ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for ____ Min.
- ☐ Bicycle at Training Heart Rate for ____ Min.
- ☐ Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

- ☐ With Hearing Protection
- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to ____ Miles
- ☐ Lift Up to ____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

- ☐ Two Mile Run
- ☐ Push-Ups
- ☐ Sit-Ups
- ☐ Walk
- ☐ Swim
- ☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220

FEMALES 225

MINUS (-) AGE

MINUS (-) RESTING HEART RATE

TIMES (X) % INTENSITY

PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION

60% HEALTHY, SEDENTARY INDIVIDUAL

70% MODERATELY ACTIVE, MAINTENANCE

80% WELL TRAINED INDIVIDUAL

9. OTHER

Unable to perform physical training. Does not meet standards for retention according to AR 40-501, Chapter 3.

TRACY BEN FORD, M.D. (PSYCHIATRY) 15 Jan 04 Tracy Benford MD

TYPED NAME AND GRADE OF PROFILING OFFICER
Michael R Nelson, LTC MC
Chief Allergy/ Immunology Clinic, WRAMC

SIGNATURE

[Signature]

DATE

12 Sept 02

TYPED NAME AND GRADE OF PROFILING OFFICER
John J. Moore COL MC
Asso. Chief Allergy/ Immunology Clinic, WRAMC

SIGNATURE

[Signature]

DATE

12 Sept 02

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE

☒ APPROVED☐ NOT APPROVEDTYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY
Renata J. Bogler, COL MC, Director WRNVHC

SIGNATURE

[Signature]

DATE

12 Sept 02

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S
☐ MILITARY OCCUPATIONAL SPECIALTY ☐ DUTY ASSIGNMENT BECAUSE:TYPED NAME AND GRADE OF UNIT COMMANDER
BOWLES, MATTHEW W, CPT

SIGNATURE

[Signature]

DATE

14 JAN 04

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)

E-6 NORMAN, EDDIE J.
20/

UNIT

ISSUING CLINIC AND PHONE NUMBER
202-782-0441

DISTRIBUTION

UNIT COMMANDER - ORIGINAL & 1 COPY

HEALTH RECORD JACKET - 1 COPY

CLINIC FILE - 1 COPY

MILPO - 1 COPY

Walter Reed Regional Vaccine Healthcare Center

Walter Reed Army Medical Center

Washington, D.C. 20307

15. The patient <input type="checkbox"/> does <input checked="" type="checkbox"/> does not desire to continue on active duty under AR 635-40. (Complete only when patient is referred to PEB)		
16. Continuance on active duty under provisions of AR 635-40 <input checked="" type="checkbox"/> is <input type="checkbox"/> is not medically contraindicated. (Complete when answer to item 15 is affirmative) Enter assignment limitations in item 30.		
17. TYPED NAME AND GRADE OF PHYSICIAN Limon C. Collins M.D.	SIGNATURE <i>Limon C. Collins</i>	
18. TYPED NAME AND GRADE OF PHYSICIAN John J Moore COL MC	SIGNATURE <i>John J. Moore Jr., COL, MC</i>	
19. TYPED NAME AND GRADE OF PHYSICIAN <i>TRACY BENFORD, MD (PSYCHIATRY)</i>	SIGNATURE <i>Tracy Benford MD</i>	
ACTION BY THE APPROVING AUTHORITY		
20. <input checked="" type="checkbox"/> The findings and recommendation of the board are approved.		
21. <input type="checkbox"/> The report of the board is returned for reconsideration.		
22. <input type="checkbox"/> The report of the board is forwarded to: _____ Comments are attached as inclosure _____		
23. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY Renata J. Engler COL MC, WRAMC Chief Dept of Allergy/ Immunology	SIGNATURE <i>Renata J Engler</i>	DATE 9 Jan 04
ACTION BY PATIENT		
24. I have been informed of the approved findings and recommendation of the board.		
<input checked="" type="checkbox"/> I agree with the board's findings and recommendation.		
<input type="checkbox"/> I do not agree with the board's findings and recommendation. My appeal is attached as inclosure _____		
25. TYPED NAME, GRADE AND SSN Eddie J. Norman E-6	SIGNATURE <i>Eddie J Norman</i>	DATE Jan 14,
FURTHER ACTION BY APPROVING AUTHORITY		
26. <input type="checkbox"/> The appeal has been considered and the original findings and recommendation are confirmed.		
27. <input type="checkbox"/> The appeal has been considered and the report of the board is returned for reconsideration. Attach further action as inclosure _____		
27. <input type="checkbox"/> The appeal has been considered and the report of the board is forwarded to: _____ Comments are attached as inclosure _____		
29. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE
30. CONTINUATION (Identify by item number)		

WALTER REED ARMY MEDICAL CENTER MEDICAL EVALUATION BOARD SUMMARY

DATE OF EXAMINATION:

SSG Norman was first evaluated by the Vaccine Healthcare Center on 19 Feb 02. Case management has been provided until the present.

SOURCE OF REFERRAL: This Medical Board is physician-directed and submitted on 14 Jan 04 by the Walter Reed Region Vaccine Healthcare Center under the WRAMC Allergy / Immunology Dept.

CHIEF COMPLAINT:

"My physical ability has deteriorated tremendously and I simply cannot perform some or most of the basic everyday activities without pain, cramps and fatigue. I need to take medication just to get me through the day most of the time...I experience depression and anguish within myself because of the sudden change in my health."

MILITARY HISTORY:

1. SSG Norman joined the regular army on 19th September 1989. Attended Basic Combat Training and Advanced Individual Training at Fort Jackson, SC.

Assignments included:

March 18, 1990-July 4, 1995	Ansbach Germany, PVT E-1 Task Force Phoenix Attack Helicopter Unit, as a light wheeled mechanic/63B10
Dec. 21, 1990-May 20, 1991	Ansbauch, Germany Wrecker Recovery Specialist M998 Saudi Arabia SPC E-4 as a light wheel mechanic/63B10
July, 1995- April 1996	Company Commander's driver in Garrison during the Gulf War
April 21, 1996-Aug 16, 1997	Fort Huachuca, 11sg. Brigade, SGT E-5
Aug. 1997-March 1998	HQ's USAADSCENTER, Fort Bliss, Texas, SSG E-6 Motor Sergeant, EEO Rep. and Battalion Retention NCO
March 19, 1998-Aug 1, 2000	Saudi Arabia/Army Central Command as Shop Foreman and Tool Room Custodian/recovery NCO
Aug. 2, 2000- Oct. 20, 2002	HQ's USAADSCENTER, Fort Bliss, Texas.
Oct 2002- Present:	Schweinfurt, Germany, 200th FSB Walter Reed AMC Medical Holding Unit.

2. Qualified in military specialties to include:

63B Light Wheeled Mechanic

3. Additional military specialties certificate training includes:

Vehicle Recovery Specialist
Battalion Retention NCO
Equal Opportunity Representative, Battalion
Small Group Instructor and Class Instructor
60Pac Bus Driver
ULL System Supervisor
ULM
Defensive Environment Instructor
Combat Lifesaver
Retention NCO
State and Federal Hazardous material specialist
Network Security Officer
Directorate Of Environment

MEDICAL EVALUATION BOARD SUMMARY

SF502 version of OF275

For Official Use Only-Privacy Act Protected

NAME: Norman, Eddie J.

SSN: 20/

DOB:

4. Military courses completed include:

Primary Leadership Development Course
 Basic Non Commission Officer Course
 Defense reutilization/Marketing System
 Wheeled vehicle engines
 Wheeled Vehicle electrical system
 NBC First Aid
 Briefing and visual Presentation
 Principle of communication
 Basic Hydraulic Systems and components
 Accounting for Property
 Food Preparation Management
 Aircraft Gas Turbine Engines
 Radiological Surveys and Monitoring
 Modern Army Record keeping System

5. Decorations and awards includes:

ARMY-SVC-RBN (1)
 ARMY-CCMDL (4)
 SW-ASIA-SM-B (1)
 SW-ASIA-SVC-MDL
 SW-ASIA-SVC-MD
 KU-LIB-MD
 NCO PROF-DEV-RBN (2ND)
 OS-SVC-RBN (2ND)
 SPC SKILL RBN
 GOOD CONDUCT (4)
 EXPEDITIONARY MDL, Dhahran
 CERTIF OF COMMENDATION VII CORPS
 COA V COPRS
 GOLD STREAMER PHYSICAL FITNESS
 OPERATION DESERT FALCON

HISTORY OF PRESENT ILLNESS:

SSG Norman experienced reproducible and worsening myalgias and arthralgias after receiving each anthrax vaccine in 1999-2000. These symptoms have continued until the present and have resulted in significant disability.

He previously had received the anthrax vaccine during the Gulf War in 1991, but there is lack of documentation as to the number of doses and at what intervals. He had been experiencing symptoms of Gulf War Illness which included joint pain and short term memory loss at the time he received the second series of anthrax doses in 1999, but was able to perform all duties.

He experienced the following new symptoms after receiving the 2nd series of anthrax vaccinations:

ANTHRAX # 1	15 May 99 Left arm	-2 days after shot experienced 4 episodes of sharp, discreet, posterior head pains accompanied by bilateral tinnitus. Each episode lasted approx. 10 sec. -1 day after injection he was unable to close left hand or grasp items -All symptoms resolved by 2 nd shot.
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MEDICAL EVALUATION BOARD SUMMARY
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NAME: Norman, Eddie J.
 SSN: 207-
 DOB:

ANTHRAX # 2	27 May 99 Right arm	-Experienced 4 episodes of the same sharp pains in posterior head accompanied by bi-lateral tinnitus. Each episode lasted approximately 30 seconds. -Unable to close right hand or grasp items for several days. -Symptoms resolved by 3 rd shot.
ANTHRAX # 3	8 June 99 Left arm	-3-4 days after shot experienced painful cramping in legs and had difficulty walking. Had bilateral burning in the calves, as well as tightness and twitching in the back, neck and chest muscles. Went on sick call 10-15x in the 6-mo period between shot 3&4. Was diagnosed with muscle strain and given NSAIDS. His tinnitus continued. -Was unable to sleep, experienced fasciculations and muscular pain at night. -Symptoms lessened but did not resolve by 4 th shot
ANTHRAX # 4	10 Nov 99 Right arm	-2-3 days after shot muscular symptoms worsened. Experienced increased pain, twitching and generalized weakness in shoulders and legs. Could not run, do push-ups or sit-ups for PT test. Performed alternate walking test. Could not press clutch pedal when driving or drive for long periods. Unable to sleep due to above symptoms- was taking celebrex and flexeril at HS, which reportedly helped. -Symptoms lessened but did not resolve prior to 5 th dose. Profile had expired. Requested to be exempt from the 5 th vaccine dose. Request was denied.
ANTHRAX # 5	8 May 2000 Left arm	-Identical muscular symptoms re-appeared at a greater intensity than after receiving #4. Muscular symptoms worsened with increased pain, spasm and weakness. -Was unable to participate in any physical activities with new unit. Had more difficulty walking. Was unable to grip objects, pull himself up in a vehicle or lift equipment. Reports the command "didn't believe me". -Became depressed, hopeless and unable to function. Was unable to sleep or perform duties. Began having crying spells. -Seen at the medical center in Landstuhl in Sept 01 in family practice and rheumatology. Reports CRP was >600. No other abnormal labs. Given temporary-3 profile. Diagnosed with "fibromyalgia". Started on prozac and amitriptylene. Sent to the Deployment Health Center phase 3 program in January 02.

SSG Norman has had multiple medication trials in the attempt to alleviate his musculoskeletal pain and to promote sleep. These include ibuprofen, arthrotec, flexeril, tramadol, codeine, percocet, amitriptylene, neurontin, prozac, ambien, trazadone and remeron, all of which have been minimally successful in alleviating symptoms.

Due to inactivity secondary to pain, he has gained ~30 lb. This has contributed to the onset of the additional problems of obstructive sleep apnea, hypercholesterolemia, diabetes mellitus type 2, hypertension and clinical depression. He also developed tinnitus in temporal association to anthrax vaccine. He experienced short-term memory loss since the Gulf War and has recently been diagnosed with mild restrictive lung disease.

MEDICAL EVALUATION BOARD SUMMARY
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NAME: Norman, Eddie J.
SSN: 20/ [REDACTED]
DOB: [REDACTED]

CURRENT MEDICATIONS:

- Lipitor 10 mg qd
- Zitia 10mg qd
- Prozac 40 mg qd
- Ramipril 2.5 mg qd
- Glucotrol- 10 mg qd
- Celebrex 200mg qd
- Tylenol #3/ Percocet - prn
- Albuterol MDI - prn prior to exercise
- Ambien 10 mg - prn insomnia

COMPLEMENTARY AND ALTERNATIVE MEDICINE USE:

- None

PAST MEDICAL HISTORY:

- LBP and bilateral shoulder pain, short term memory loss since the Gulf War
- Right ankle pain secondary to injury 1993
- Depression with psychotic features 1996- hospitalized briefly after brother killed traumatically. No prolonged symptoms, no follow-up medications.

SURGICAL HISTORY :

- None

SOCIAL HISTORY:

- Married, 3 children
- One-two oz alcohol/ week
- Denies nicotine/ illicit drugs

FAMILY MEDICAL HISTORY:

- Mother - stroke- deceased
- Father -CAD, alcoholic

ALLERGIES/ ADVERSE DRUG REACTION HISTORY :

- None

REVIEW OF SYSTEMS:

GENERAL	Chronic fatigue and chronic generalized pain, insomnia
HEENT	Denies alopecia, nosebleeds, conjunctivitis, diplopia, vertigo, rhinitis, and recurrent sore throat. Has bilateral tinnitus as described above.
NECK	No history of adenopathy or thyromegaly
CV	Denies cardiac chest pain, palpitations and history of cardiac disease.
PULM	Denies cough, expectoration, and frequent URIs. Has shortness of breath and wheezing with exertional activities.
GI	Denies nausea, vomiting, diarrhea, constipation, dyspepsia, bloating and gas.
GU	Denies frequency, dysuria, hematuria, and flank pain
NEURO	Denies headaches, lightheadedness, blurred vision, shingles, blackouts and seizures. Has intermittent numbness, tingling and "feelings of electric shocks in extremities.
MUSC/SKEL	Has generalized joint pain, throbbing muscle pain and spasm

SKIN	Has occasional outbreaks of keratosis pilaris
ENDO	No history of gout, heat or cold intolerance, polydipsia or polyuria
PSYCH	Experiences depressed mood, anxiety, irritability and anhedonia

PHYSICAL EXAM:

Ht: 63"	Wt: 191#	T: 96.0	P: 90	R: 16	BP: 130/88
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GENERAL: y/o WM, alert, cooperative. Well groomed in military uniform, full range affect, walking with cane.

HEENT: - PERRLA, EOMs in tact, discs sharp

- TMs pearly gray with + LR, no auricular tenderness
- Nares patent; no drainage
- Throat pink, no exudates
- No LAD, thyroid no masses

CV: RRR, no murmurs/ adventitious sounds, no swelling in extremities

PULM: Lungs CTA all lobes

GI: + BS all quadrants, no masses or tenderness

GU: Normal male genitalia, no lesions, no inflammation or discharge from penis. Testes descended, symmetric, no masses. Rectum / prostate- deferred

NEURO: coordinated gait, CN II XII in tact, rapid alternating movements coordinated and smooth, reflexes 2+ and equal throughout, diminished sensation all fingers and toes

MUSC/SKEL: posture slumped, limited ROM all extremities secondary to pain, no masses, muscular strength 5/5

SKIN: no lesions or tenderness

LABORATORY DATA:

08 Jan 04 @ 1508 (Coll)

WBC	5.7	(4.3-10.8)	TH/CUMM
RBC CNT	5.01	(4.7-6.1)	M/CUMM
HGB	14.4	(14.0-18.0)	G/DL
HCT	41.6 L	(41.0-52.0)	%
MCV	83.1	(83.0-101.0)	fL
MCH	28.6	(27.0-34.0)	PICOGRAMS
MCHC	34.5	(32.0-36.0)	G/DL
RDW	13.4	(11.5-14.5)	%
PLT CNT	209	130-400	TH/CUMM
MPV	8.5	(7.0-10.4)	fL
NEU%	54.90	37-75	%
LYM%	38.5	24-44	%
MON%	5.4	0-10	%
EOS%	0.70	1-10	%
BAS%	0.50	1-2	%
+ NEU#	3.2	(2.2-4.8)	TH/CUMM

16 Oct 03 @ 1541 (Coll)

SERUM

NA+	140	(137-145)	mmol/L
K	4.1	(3.6-5.0)	mmol/L
CL	102	(98-107)	mmol/L
CO2	28	(22-31)	mmol/L
GLUCOSE	114	(75-110)	mg/dL
BUN	13	(9-20)	mg/dL
CREAT	1.3	(0.8-1.5)	mg/dL

MEDICAL EVALUATION BOARD SUMMARY

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NAME: Norman, Eddie J.

SSN: 20/

DOB:

CA 9.6 (8.4-10.2) mg/dL
 PROTEIN TOTAL 7.7 (6.3-8.2) g/dL
 ALBUMIN 4.8 (3.9-5.0) g/dL
 ALK PHOS. 92 (38-126) U/L
 AST 42 (15-59) U/L
 ALT 76 H (21-72) U/L
 + TBILI 0.3 (0.2-1.3) mg/dL
 ANION GAP 10 (7-16) mmol/
 EST GFR 70 (>=90) cc/mi
 CK 488 H (55-170) U/L
 CHOLESTEROL 167 (50-200) mg/dL
 TRIGLYCERIDE 106 (35-250) mg/dL
 HDL 36 (35-82) mg/dL
 LDL (DIRECT) 104 (0-129) mg/dL
 VLDL 27
 CHOL TOT/HDL 4.64
 HGB A1C 7.4 H (4.5-5.7) %
 FRUCTOSAMINE 343 H (205-285) umol/
 06 Jun 03 @ 0810 (Coll)
 C3 154.4 (90-180) mg/dL
 C4 34.3 (10-40) mg/dL
 COMP CH50 70 H (26-58) U/mL
 CRP ULTRASENS 0.2; 2 (0.000-0.744) mg/dL
 C1Q 5.7 (5.0-8.6)
 IMM COMPLX RAJI <5.0 (0.0-17.6) ug Eq/mL
 29 May 03 @ 0949 (Coll)
 CK 293 H (55-170) U/L
 HIV-1 AB NEGATIVE (NEG)
 Aug 02
 ANA NEGATIVE
 RF 6
 TSH 2.4

After obtaining multiple specimens from the DoD serum depository, it was found that this service member had a pre-morbid elevation in CPK. See chart of values that follows:

Pre-AVA CPKs	07 28/89	548
	02 26/96	148
	12 01/96	381
	12 31/96	219
	08 01/98	634
	08 26/98	445
	06 10/99	863
Post-AVA	04 18/00	284
	11 14/00	276
	04 03/01	893
	04 24/01	355
	05 01/01	409
	05 29/01	439
	06 01/01	750
	01 08/02	352
	06 01/02	352
	08 23/02	239
	05 09/03	293

Muscle biopsy with enzyme and mitochondrial enzyme analyses-

Minimal histologic changes. Microscopic sections demonstrate skeletal muscle with rare esterase-negative, angular atrophic fibers. There is no degeneration, regeneration, inflammation, fibrosis, or vasculitis. Oxidative enzyme stains reveal no abnormality of the intermyofibrillary network. Glycogen is present in the usual amount and distribution. The observed changes are of minimal degree and uncertain pathologic significance. Myophosphorylase and phosphofructokinase activity is present. No mitochondrial abnormalities or abnormal lipid storage are found.

CONSULTATIONS:

1. **Rheumatology-**
 - a) Initially evaluated by Steven Older M.D. in Landstuhl, Germany on 11 Apr 01. There is documentation of a diagnosis of fibromyalgia, but individual consult is not available.
2. **b) Evaluated by George Tsokos M.D. on 28 Aug 02 and again on 8 Jul 03. He was found to have generalized myalgias, arthralgias and muscle spasm which cause considerable impairment in functioning. His diagnostic testing does not suggest any specific diagnosis and no available treatment has been successful thus far in alleviating his symptomatology. He is unable to perform military duties and therefore does not meet military medical retention standards.**
3. **Neuromuscular Clinic-** evaluated by Kristin Barner M.D. in October 02 and Mar 03. EMG and NCV were performed, (see Diagnostic Testing.) Findings include "...evidence of a mild bland myopathic process." See attached report.
4. **Physical Medicine-** Evaluated by Praxedes Belandres M.D. in Oct 02, Received multiple acupuncture and anodyne treatments with no long-term improvement.
5. **Endocrine-** evaluated and treated in Endocrinology Clinic by David Gaitonde M.D. and Lucia Novak N.P. from 6 Dec 02 to the present. Blood glucose and cholesterol remain over acceptable limits and titration of medication continues. No evidence of peripheral neuropathy on monofilament and vibratory testing. See attached report.
6. **Sleep Clinic-** Underwent polysomnogram on 2 Nov 02. After evaluation by David Kristo M.D. he was diagnosed with mild obstructive sleep apnea and placed on CPAP: "Reports significant improvement with CPAP compliance with chin strap." He is unable to wear the oral appliance secondary to facial pain, therefore does not meet military medical retention standards.
7. **Psychiatry-** Treated for clinical depression since 2001 and evaluated by Tracy Benford M.D. at WRAMC. Symptoms include "anxiety, irritability, insomnia and anhedonia...impairment for further military duty: marked", therefore does not meet military medical retention standards.
8. **Psychology-** Neuropsychological evaluation was performed by Mark Kelly Ph.D. on 6 Sep 02. Findings include "...mild to moderate impairment in abstract symbolic reasoning and executive functioning."
9. **Deployment Health Center -** Participated in the Specialized Care Program in Jan 02. Evaluated by Thomas Riesel M.D. along with the multidisciplinary staff. He presents with "multiple physical symptoms related to Gulf War service, etiology unspecified..." See attached report.
10. **Allergy / Immunology-** Evaluated on 23 Jun 03 by John Moore M.D. and Limone Collins M.D. Pulmonary function testing revealed mild obstructive lung disease. He was placed on a beta agonist inhaler prior to exertional activity. "Bronchodilatory challenge exhibited a change in the FEV1 of 26% suggestive of a reversible airway component. SSG Norman has mild, reversible, obstructive pulmonary disease."
11. **Orthopedics-** Evaluated on 29 Dec 03 and 6 Jan 04 by Carol A. Gandee PA-C. "LBP, DDD L3-L4. Wedge compression fracture T12". Conservative treatment of NSAIDS and Physical Therapy recommended.

DIAGNOSTIC TESTS:

- Left Hand x-ray- 30 Dec 03- unremarkable
- Chest X-ray- NO RADIOGRAPHIC EVIDENCE OF CARDIOPULMONARY DISEASE
- EMG/NCV of Upper Extremities- 30 Dec 03
- NCV / EMG- 18 Mar 03- rare myopathic appearing units, essentially normal electrodiagnostic study
- MRI Brain- May 01- normal
- C-Spine AP & Lat- normal
- Total Body Soft Tissue MRI- "Normal Examination of the Muscles from the chest to mid thighs."
- Cervical Spine X-ray- Normal
- Thoracic Spine X-Ray- "Mild curvature of the thoracic spine, convex right superiorly and convex left in the mid-to-lower spine. Also a wedge compression fracture involving the superior end plate of the T12 vertebral body with approximately 10-20% loss of height. Vertebral and disk height otherwise maintained...."
- Lumbar Spine X-rays- "...normal alignment, vertebral heights are maintained. Mild disk narrowing at L3-4. No evidence of fracture or dislocation."
- Cardio-Stress Test- 1. NO SCINTIGRAPHIC EVIDENCE OF ISCHEMIA OR INFARCT.
2. NORMAL WALL MOTION WITH CALCULATED LVEF OF 48%.

DIAGNOSES:

1. Musculoskeletal Pain Syndrome with features of fibromyalgia and myofascial pain syndrome
2. Mild obstructive sleep apnea
3. Hypertension
4. Hypercholesterolemia
5. Diabetes mellitus type 2
6. Mild Obstructive Pulmonary Disease
7. Depression
8. Short-term memory loss
9. Bi-lateral Tinnitus
10. Mild Compression Fracture T-12

PRESENT CONDITION AND PROGNOSIS:

SSG Norman has an unspecified, musculoskeletal pain syndrome temporally associated with the receipt of the anthrax vaccination series. For the past four years he has experienced generalized pain that has been refractory to all medical regimens.

He has been unable to perform to the minimum standards of the Army PFT for the past 2 years. His current disabilities have interfered with his ability to perform in his MOS. He has not participated in a deployment or field exercise secondary to his current medical condition and maintains a P3 profile.

SSG Norman currently has continuous generalized muscle pain and intermittent spasm in the arms, hands, back, chest, and legs. He walks with a cane for support at all times.

He sleeps 3-4 hours /night and awakens non-refreshed. He often has cramping of muscles and painful numbness in feet, legs and hands. He has short-term memory loss, and often forgets appointments or paying bills. His tinnitus is bilateral and continuous.

His hypertension is controlled at 125/76.

This service member's significant disabilities make it unlikely that he will meet the minimal physical standards of a United States soldier, attain the criteria for promotion or deploy rapidly to combat environment. SSG Norman has reached maximum medical benefit at this time. He will need ongoing medical treatment and follow up for possible progression of clinical symptoms.

MEDICAL EVALUATION BOARD SUMMARY

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NAME: Norman, Eddie J.

SSN: 20/

DOB:

CURRENT FUNCTIONAL STATUS:

SSG Norman experiences exacerbations and remissions in symptom severity but his overall level of functioning is extremely impaired. He is unable to run or walk briskly and cannot stand > 30 minutes. He cannot play sports.

He has paresthesias and cramping of the hands, which impairs many activities and impairs his fine motor skills. Consequently, he cannot grip writing objects > 3min without cramping, or use tools for fine movement without losing grip strength. He is unable to play a musical instrument or type.

*SF-36 score: 28.14 Physical Component 36.78 Mental Component

*The SF-36 Health Survey was developed for the Medical Outcomes Study, and has been tested and validated extensively to measure quality of life in both the physical and mental realms. All scores are norm-based with the general population mean =50 and standard deviation =10

He maintains a 3 in his Physical Profile in the physical capacity/stamina block due to his inability to perform physical training and his military duties as described in Current Functional Status above. The remaining portions of the PULHES are all 1s. *Psychiatric = 4. T.B.*

DISCUSSION:

SSG Norman was a high functioning, decorated service member prior to beginning the anthrax vaccine in 1998. He has had no disciplinary action. He has functioned well in his duty assignments and is highly regarded even. SSG Norman's life has been significantly altered due to his current disability and hope for recovery is uncertain. The lack of clinical findings is discouraging and leaves his providers baffled and powerless as to an effective treatment plan. His condition is not unique for us at the Vaccine Healthcare Center. We have treated many proficient service members with debilitating conditions that cannot be diagnosed or medically substantiated, conditions that have developed in close temporal association to having received the anthrax as well as other vaccines. Hopefully future medical research and discovery will provide some definitive answers to these perplexing medical dilemmas and allow us to effectively treat individuals such as SSG Norman.

RECOMMENDATIONS:

1. Service member should be referred to the Physical Evaluation Board for further adjudication.
2. Service member requires duty limitations as per DA form 3349 (see attached).

MEDICAL EVALUATION BOARD SUMMARY
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NAME: Norman, Eddie J.
SSN: 20/ [REDACTED]
DOB: [REDACTED]

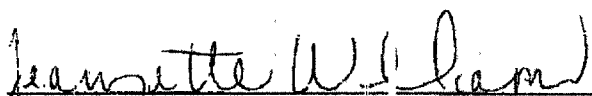
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Limone C. Collins M.D., Director
Walter Reed Regional Vaccine Healthcare Center
Walter Reed Army Medical Center
Washington, D.C. 20012-0605

14 Jan. 04

Date



Jeannette F. Williams FNP-BC, CS, Case Manager
Walter Reed Regional Vaccine Healthcare Center
Walter Reed Army Medical Center
Washington, D.C. 20012-0605

14 Jan 04

Date

MEDICAL EVALUATION BOARD SUMMARY
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NAME: Norman, Eddie J.
SSN: 20/ [REDACTED]
DOB: [REDACTED]

DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, DC 20307-5001

MEMORANDUM: For explanation

14 JAN 04

Purpose: To give a short summery of why I feel that I'm not healthy

- a. I was at a stage where I could not walk, bend, and even use my hand to grab. I still suffer these things or even get in and out of bed.

1. During my military career from the very beginning have always been given exultation about my natural ability to perform the Army Physical Fitness Test since basic training.

2. My physical ability has deteriorated tremendously and I simply cannot perform some or most of the basic everyday activity without pain, cramps and fatigue. I need to take medication just to get me through that day most of the time.

3. My mental stability has taking a great turn for the worst as well. I experience depression and anguish within myself because of the sudden change in my health.

4. I was on the fast track for promotion to SFC until my physical and mental state drastically changed which left me feeling helpless because I cannot do the duty of MOS 63B30 and Lead From The Front in my profession. My muscles and joints seem like they will no completely heal and come back to normal.

5. It hard for me to write a letter because of my fingers and hand and even to hold things as simple as cell phone to my ear.

Attached are some documents to show my Normal capabilities.

Eddie J. Norman
Eddie J. Norman
SSGT
U. S. Army

Walter Reed Army Medical Center
Neuromuscular Clinic
Updated Medical Summary

22 January 2004

Patient: Norman, Eddie James
SSN: 20- [REDACTED]

SPC Eddie Norman is a 37 yo active duty soldier currently undergoing evaluation through the WRAMC Vaccine Healthcare Center for a number of complaints to include a number of neuromuscular symptoms. SPC Norman was seen initially on 18 March 2002 for evaluation in the Neurology Clinic. He complained of muscle pain and twitching that recurred after each anthrax injection becoming more permanent by the third immunization. Additionally, after the first two injections, he temporally had difficulty using the hand of the limb which received the shots.

SPC Norman continues to have pain in his muscles he describes as diffuse, but more intense in the arms and proximal legs. The pain is "burning" in quality and while it is constant, he does have "bad days and worse days". The pain is worsened by activity, but is not necessarily relieved by rest. While initially he states he is weak, further questioning reveals the main problem is severe pain and not frank weakness.

SPC Norman was seen by family practice and rheumatology in September 2001 and noted to have a CK of >600, but no other abnormal labs at that time. It is unclear of the clinical setting for this lab (amount of physical activity prior to blood draw). Of interest, the patient was noted to have slightly elevated CK's prior to the anthrax series (381 in Dec 1996, 634 in Aug 1998). During this time, he had been complaining of Gulf War symptoms (joint pain, memory problems) and he had received the anthrax vaccine during the Gulf War. There has been work in progress to obtain blood through the DoD blood bank to see his baseline CK prior to any of the above complaints.

There is no family history of neuromuscular diseases. He denies visual changes, swallowing difficulties, changes in bowel or bladder habits, rash, fevers, excessive sweating.

He has gained weight recently.

Other labs have included: Aug 2002: ANA neg, RF 6.0, TSH 2.4, IGG 1121/IGA 248/IGM112, CK 239; Oct 2002: CK 481, Nov 2002 LFTs nl, gluc 120 (unknown if fasting), bun/creat 17/1.3, MG 2.0, PT/PTT 13.1/29.7, Dec 2002 Chol 300, HDL 38, LDL 199, CBC: WBC 3.9, HCT 39.6, PLT 214, ESR 19, CK 458-576 (drawn 3 times on 25 Nov); May 2003 PT/PTT 13.2, 27.5, HGA1C 7.1, fructosamine 313, UA nl, CK 293, CHOL 347, June 2003: C3 154.4 mg/dL(90-180), C4 34.3 mg/dL(10-40), Comp CH50 70 U/ml (26-58)

An electrodiagnostic study was done in October 2002 that was showed no evidence of neuropathy, however, there were some scant myopathic appearing units. The patient was

on a cholesterol lowering drug at the time which can cause similar changes. It was recommended that he come off this drug and a repeat emg be done. The repeat study was done in March 2003 still showing some rare myopathic appearing units. Since the units persisted (but could still be explained by minor morphologic changes in muscle injured by the drug), a muscle biopsy was performed to further.

See WRAMC Regional Vaccine Healthcare Center summary for details of all medical issues.

Neurologic Exam (2 exams, October 2002, March 2003)

Skin clear. Muscular build. No gynecomastia.

MS- 30/30 miniMS, speech clear, fluent and without errors. Soldier is pleasant and cooperative.

VA20/20 OU near card, EOMI, no ptosis, pupils 4mm constricting to 2.5 mm bilat to bright light, VF full to confrontation. Face symmetric, no atrophy. NI sensation. Palate raises symmetrically, tongue normal, no atrophy, no fascics. SCM strong and symmetric. Motor: 5/5 throughout, normal tone, muscular, no fascics, no tremor. Not fatiguable.

Sensory: Intact LT, vib, and pos. Neg. romberg.

Coordination: Normal Finger to Nose, Heel to Shin, RAM

Reflexes: 2 throughout with downgoing toes

Gait-antalgic, but otherwise normal. No posturing with stress gait. Able to toe, heel, and tandem walk

EMG (25 October 2002)

Sensory Nerve Action Potentials

Nerve	Side	Stimulus Location	Recording Site	Distance	Latency	Amplitude
Sural	Left	Calf	Lat. Mall.	140 mm	3.4 msec (≤ 4.2)	26.7 uV (>5)
Median	Left	Wrist	Index	130 mm	2.5 msec (≤ 3.7)	36.9 uV (>15)
Ulnar	Left	Wrist	5th Digit	110 mm	2.4 msec (≤ 3.1)	40.0 uV (>5)

Motor Nerve Studies

Nerve	Side	S1	S2	Recording Site	Distance	Latency	Amplitude	Conduc Velocity
Peroneal-EDB	Left	Ankle		EDB	80 mm	4.3 msec (≤ 6.7)	7.8 mV (≥ 2.2)	
			Below Fib. Head		349 mm	11.1 msec	6.7 mV	51 m/sec
Tibial-AH	Left	Med. Malleolus		AH	80 mm	6.4 msec (≤ 6.9)	12.7 mV (≥ 2.8)	
			Pop. Fossa		410 mm	14.9 msec	10.0 mV	48 m/sec
Ulnar	Left	Wrist		ADQ	70 mm	2.5 msec (≤ 3.6)	9.9 mV (>5.0)	
			Below Elbow		230 mm	6.5 msec	9.7 mV	57 m/sec
			Above Elbow		64 mm	7.7 msec	9.6 mV	53 m/sec

Electromyography

Muscle	Side	Roots	Positive Waves	Fibrillations	Fasciculations	Other	Amplitude	Duration	Polyphasia	Firi Patt
--------	------	-------	----------------	---------------	----------------	-------	-----------	----------	------------	-----------

Deltoid*	Left	C5-C6	0	0	0	--	Normal	Normal	Normal	1+
Infraspinatus*	Left	C5-C6	0	0	0	--	Normal	Normal	Normal	N
Gluteus Medius*	Left	L4-L5	0	0	0	--	Normal	Normal	Normal	N
Vastus Lateralis*	Left	L2-L4	0	0	0	--	Normal	Normal	Normal	N

* There were a few scattered small, short duration, some with polyphasia, units in these muscles.

3 Hz Repetitive Stimulation

Ulnar-ADQ	Left			
	CMAP #1 Amplitude	CMAP #4 Amplitude	CMAP#1-CMAP#4	Percent Decrement
Baseline	11.01 mV	10.8 mV	209999999999999 mV	1
Immed. Post Ex.	11.01 mV	11.0 mV	9.9999999999979E-03 mV	0
30 Sec Post Ex.	11.05 mV	11.09 mV	-3.9999999999991E-02 mV	0
1 min Post Ex.	11.09 mV	11.10 mV	-9.9999999999979E-03 mV	0
2 min Post Ex.	10.95 mV	10.71 mV	239999999999998 mV	2
3 min Post Ex.	10.87 mV	10.62 mV	25 mV	2
5 min Post Ex.	10.90 mV	10.87 mV	3.00000000000011E-02 mV	0

Summary of findings

- * The left median SNAP has a normal amplitude and latency.
- * The left ulnar SNAP has a normal amplitude and latency.
- * The left ulnar-ADM CMAP has a normal amplitude and latency.
- * The left ulnar NCV was normal.
- * The left sural SNAP has a normal amplitude and latency.
- * The left peroneal and tibial NCVs are normal.
- * Disposable concentric needle examination of selected muscles was mostly normal. However, there were a few scattered units which were small and short duration, there were several that were polyphasic with short duration and low amplitude. These types of units are suggestive of a myopathic process. In the absence of abnormal spontaneous activity, this is a bland myopathic process.

Interpretation:

This is an abnormal electrodiagnostic study showing evidence of a mild bland myopathic process. This may indicate an underlying muscle disease, however, it can also be from exposure to certain medications such as cholesterol lowering drugs. Since this patient is currently on a cholesterol lowering medication, it is recommended that he stop this medication and a repeat EMG be performed in 3-6 months. If no improvement, a biopsy may be indicated.

EMG (18 March 2003)

Needle EMG

EMG Summary Table									
	Spontaneous					MUAP			Recruitment
	LA	Fib	PSW	Fasc	Other	Amp	Dur.	PPF	Pattern
R. DELTOID	N	None	None	None	None	N	*N	N	N
R. FIRST D INTEROSS	N	None	None	None	None	N	N	N	N
R. INFRASPINATUS	N	None	None	None	None	N	N	N	N

*Rare short duration units.

Summary: Disposable concentric needle EMG of selected muscles of the right upper extremity was essentially normal. Rare short duration units noted in the right deltoid.

Conclusion: This is a normal electrodiagnostic study.

Muscle biopsy (May 2003)

Minimal histologic changes. Microscopic sections demonstrate skeletal muscle with rare esterase-negative, angular atrophic fibers. There is no degeneration, regeneration, inflammation, fibrosis, or vasculitis. Oxidative enzyme stains reveal no abnormality of the intermyofibrillary network. Glycogen is present in the usual amount and distribution. The observed changes are of minimal degree and uncertain pathologic significance. Myophosphorylase and phosphofructokinase activity is present. No mitochondrial abnormalities or abnormal lipid storage are found.

Diagnosis:

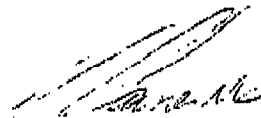
Mild, bland myopathy.

Summary of findings:

SPC Eddie Norman is a 37 yo soldier currently being evaluated for severe myalgias temporally related to vaccinations. The evaluation shows evidence of a mild bland myopathic process. This is supported by persistent mild elevations in his serum creatine kinase (CK) enzymes, minor electromyography findings, and minimal histologic changes on muscle biopsy. His neurologic, specifically motor, exam is normal. His extreme pain is out of proportion to the myopathy findings and makes other diagnoses such as myofascial pain as likely an etiology. Possibly, SPC Norman has a mild muscle disease that has been picked up coincidentally or it is related in some unclear way. While there is some additional testing on remaining muscle pending (enzyme quantification), it is unlikely this will significantly alter the prognosis. If it does, an addendum can be attached.

Recommendations:

Exercise as tolerated. Avoid excessive exercise (ie to "muscle failure") especially in hot climates. All exercise programs should be done in a progressive manner of building from lighter work-outs to more moderate work-outs. The patient should wear a medical alert bracelet stating he is at risk for malignant hyperthermia (triggers include general anesthesia, exercise in hot climates, exposure to neuroleptic drugs, alcohol). The scheduled evaluations done through the TDRL system are appropriate in number and timing for re-looking at his muscle complaints.


Kristen C. Barner, MD
MAJ, MC, USA
Staff Neurology



DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL DISABILITY AGENCY
BUILDING 7 WRAMC
WASHINGTON DC 20307-5001

REPLY TO
ATTENTION OF

AHRC-DPE-W (635-40)

5 December 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Physical Evaluation Board, Washington, DC


1. The following personnel are designated members of the Washington Physical Evaluation Board, in positions indicated, to adjudicate cases of members of the Army referred to the Board for evaluation of physical disabilities.

NAME	GRADE	BR/COMP	POSITION
BABBITT, James F.	COL	IN/RA	President
MARTIN, James R.	LTC	FA/USAR	Alt. Pres./PMO
LEVINE, Seymour	GS13	DAC	Medical Member
KAPLAN, Alan S.	GS13	DAC	Medical Member
PECK, Charles A., Jr.	GS15	DAC	Alt Med Member
ARMITAGE, David	GS15	DAC	Alt Med Member
GRUBB, Ronald A.	GS13	DAC	Adjudicator/ Alt President/PMO
SCHUMACHER, Frederick W.	COL	IN/USAR	Alt President/PMO
WILKES, Harry F.	LTC	AG/RA	PMO/Alt President
MAURER, Jill A.	LTC	SC/USAR	PMO/RC Member
ECKSTEIN, Bryan S.	LTC	AV/USAR	PMO/RC Member
SLIFER, Isabelle	LTC	AG/USAR	Member/RC Member
SANTIAGO-ORTIZ, Zulma D.	CSM	RA	Enlisted Member
WILLIAMS, Glen	SGM	RA	Enlisted Member
PATTERSON, George T.	MSG	RA	Enlisted Member
BERRY, Matthew R.	1SG	RA	Enlisted Member
BOYET, Christie L.	MSG	USAR	Enlisted Member

2. Proceedings of the Board will be in accordance with AR 635-40.

3. This memorandum supercedes all previous orders appointing members to the Washington Physical Evaluation Board.

FOR THE COMMANDER:


Mada S. Preston
Personnel Supervisor

DISTRIBUTION:
USAPDA
PDB

DENTAL EXAM VERIFICATION

THIS IS TO CERTIFY THAT Norman Eddie
CURRENT DENTAL EXAM ON FILE.

DATE OF EXAM 11/14/03 **CLASS** 3 priis

SIGNITURE OF HOSPITAL DENTAL CLINIC STAFF.


Elizabeth Shin, Maj DC
Chief, Ped. Dentistry
WRAMC

**Walter Reed Regional Vaccine Healthcare Center**

P.O. Box 59605 Washington D.C. 20012-0605
Phone: 202-782-0411 • DSN: 662-0411 • Fax: 202-782-4658

3 Oct 03

SSG Eddie Norman complains of cough and dyspnea with exertion. Baseline spirometry revealed a mild reduction in all ventilatory parameters. Bronchodilatory challenge exhibited a change in the FEV 1 of twenty-six percent suggestive of a reversible airway component. SSG Norman has mild, reversible obstructive pulmonary disease. There is no evidence that this condition should interfere his ability to perform the duties of a NCO in the United States Army.


Limone Collins, Jr. MD
Allergy -Immunology Staff

**WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001**

**ADDENDUM TO MEDICAL EVALUATION BOARD
ON SSG Eddie J. Norman, 449-45-5156**

Date:

CHIEF COMPLAINT: "Depression, anxiety and frustration."

HISTORY OF PRESENT ILLNESS: The patient is a 37-year-old, married, black male, active duty U.S. Army E5, who is undergoing a Medical Evaluation Board (MEB) for a diagnosis of fibromyalgia. His fibromyalgia has been characterized by chronic pain and weakness in his extremities. The patient feels these medical issues were caused by an anthrax vaccine he received in 1999. Due to his chronic fatigue, pain and weakness, the patient states that he began to suffer from feelings of depression, anxiety and irritability in 1999. He also experienced insomnia, anhedonia, changes in appetite, tearfulness, feelings of guilt and hopelessness at times. He has often felt frustrated and states he would lose his temper with his children. He found these symptoms especially disturbing because it had never been a problem for him prior to the onset of his fibromyalgia. He was prescribed Prozac, which has led to some improvement in his mood. He was also given trazodone as a sleep aid, but this was discontinued due to blurry vision. He continues to feel depressed and frustrated much of the time. He notes that his mood fluctuates with level of pain and fatigue. When he feels better physically his emotional state is also improved. He has no past psychiatric history prior to the onset of depression in 1999. He has no history of inpatient treatment and has had no suicide attempts or deliberate self-harm.

Medical history is significant for fibromyalgia, elevated cholesterol, sleep apnea, diabetes and gastroesophageal reflux disease (GERD).

Current medications include Prozac 40 mg in the morning, 20 mg at night, and Ambien 5 mg q.h.s. p.r.n. Other medications include Tylenol p.r.n. and Rabeprazole 20 mg per day. He reports allergies to Percocet, which causes nausea and muscle pain, and Glucophage, which causes rash.

FAMILY HISTORY: The patient reports his brother is autistic and his father has a history of alcoholism. There are no suicides in his family.

mmw/8005.

**PSYCHIATRIC ADDENDUM TO MEDICAL
EVALUATION BOARD**

SF502 Automated Version of OF275

Page 1 of 3

NAME: NORMAN, EDDIE J

REGISTER No.

SSN

UNIT:

Orig Job#: 37176

Job#: 1549423

Doc#: 1260961

D: 07/18/2003 16:00:11 T: 07/21/2003 08:07:23

E: 09/10/2003 11:20:20

ORIGINAL

**ADDENDUM TO MEDICAL EVALUATION BOARD
ON SSG Eddie J. Norman, 449-45-5165**

SOCIAL HISTORY: The patient is the 11th child in a family of 12 children. His father was in the military and is now deceased – he died approximately three years ago, had a history of heavy alcohol abuse, and was very abusive towards the patient's mother. His mother died in 1998 from a stroke – she worked as a nurse and as a minister. The patient stated a brother was killed at age 42 in 1997. He described a close relationship with his mother and siblings. The patient married in 1991 to his current German wife. His wife was diagnosed with lymphoma 11 years ago, as well as cervical cancer. According to the patient, she is now in remission. He and his wife have one son, age 18, and two daughters, ages 14 and 11. The patient has been in the military for 14 years and served combat duty in 1990-1991, where he spent 5 months in the Gulf War.

REVIEW OF SYSTEMS: The patient reported chronic pain, feelings of weakness, and at times difficulty ambulating. He also reported occasional headaches.

PHYSICAL EXAMINATION: Not performed. Condition is fair with guarded prognosis.

DIAGNOSIS:

Axis I 1. 29383 Mood disorder due to fibromyalgia, with major depressive-like episode, manifested by depression, anxiety, irritability, insomnia, and anhedonia. Stress: moderate, multiple medical problems, chronic pain and weakness. Predisposition: moderate, fibromyalgia. Impairment for further military duty: marked. Impairment for social and industrial adaptability: definite. LOD: Yes.

Axis II V7109 No diagnosis on Axis II.

Axis III 2. 7809 Fibromyalgia. LOD: Yes.

Axis IV Chronic medical problems


Axis V GAF = 55 (current)


RECOMMENDATIONS: The patient is medically unacceptable in accordance with AR 40-501, paragraph 3-32. He is referred to the Physical Evaluation Board for final disposition. The

<p>mmw/8005</p> <p>PSYCHIATRIC ADDENDUM TO MEDICAL EVALUATION BOARD</p> <p>SF502 Automated Version of OF275</p> <p>Page 2 of 3</p>	<p>NAME: NORMAN, EDDIE J</p> <p>REGISTER No. SSN [REDACTED]</p> <p>UNIT: [REDACTED]</p> <p>Orig Job#: Job#: 1549423 Doc#: 1260961</p> <p>D: 07/18/2003 16:00:11 T: 07/21/2003 08:07:23</p> <p>E: 09/10/2003 11:20:20</p>
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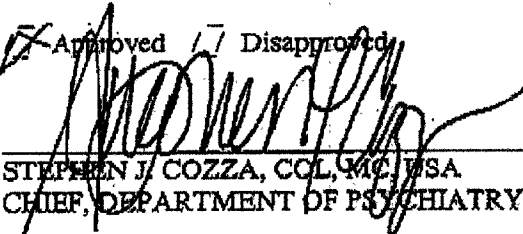
**ADDENDUM TO MEDICAL EVALUATION BOARD
ON SSG Eddie J. Norman, 449-45-5165**

patient should be continued on Prozac and Ambien, with potential augmentation of an additional antidepressant agent if indicated in the future.


DAVID M. BENEDEK, LTC, MC, USA
CHIEF, FORENSIC PSYCHIATRY SERVICE
PRESIDENT


TRACY BENFORD, MD
MEMBER

ACTION BY APPROVING AUTHORITY

☒ Approved ☐ Disapproved

STEPHEN J. COZZA, COL, MC, USA
CHIEF, DEPARTMENT OF PSYCHIATRY

Date: 15 Sept 03

ACTION BY PATIENT

☐ Concur ☐ Nonconcur

Date: _____

EDDIE J. NORMAN, SSG

mmw/8005

PSYCHIATRIC ADDENDUM TO MEDICAL
EVALUATION BOARD
SF502 Automated Version of OF275

Page 3 of 3

NAME: NORMAN, EDDIE J
REGISTER No. SSN

UNIT:

Orig Job#: Job#: 1549423 Doc#: 1260961

D: 07/18/2003 16:00:11 T: 07/21/2003 08:07:23

E: 09/10/2003 11:20:20

ALTER REED ARMY MEDICAL CENTER
MEDICAL EVALUATION BOARD SUMMARY

Page 1 of 2

ADDENDUM

STATUS: Active-duty Army.

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS: Patient was seen for initial evaluation of 28 August 2002. He complained of daytime sleepiness, multiple awakenings and nightmares for 2-3 years. Patient also reports excessive daytime sleepiness with problem with driving secondary to excessive daytime sleepiness. Patient has ~~an~~ ^{an} ~~Force~~ ^{Excessive} Sleepiness Scale Score of 14 at that time. Patient also reports symptoms of restless legs syndrome and difficulty falling asleep and staying asleep. Patient had diagnostic sleep test on November 2, 2002 at which patient had mild obstructive sleep apnea with respiratory disturbance index 8 per hour. Patient underwent second sleep test with C-pap titration on 03 January 2003 which determined that patient's optimal pressure is 10 cm of water. Patient was prescribed a C-pap and initially encountered problems with C-pap use secondary to mouth breathing. Patient's C-pap compliance significantly improved with the introduction of a chin strap for mouth breathing. For restless legs syndrome, patient was tried on Neurontin but was unable to tolerate 95 mg dosage and Neurontin was discontinued. On the last evaluation, on 29 May 2003, patient reports significant improvement with C-pap compliance with chin strap. Patient reports that his daytime sleepiness decreased with C-pap use and stated that he occasionally can use for C-pap for 8-9 hours at night. Patient was referred to the dental department for an oral appliance and received an oral appliance. But patient reported that he was unable to use the oral appliance secondary to facial pain.

MILITARY HISTORY:

PAST MEDICAL HISTORY:

REVIEW OF SYSTEM:

FAMILY HISTORY:

SOCIAL HISTORY:

PHYSICAL EXAMINATION:

6722/8003	NAME: NORMAN, EDDIE
	REGISTER No. SSN
	205156
MEDICAL EVALUATION BOARD SUMMARY	UNIT:
SF502 Automated Version of OF275	Orig Job#:36574 Job#: 1451637 Doc#: 1165314
	D: 07/07/2003 13:26:24 T: 07/07/2003 13:59:24
	E: 09/26/2003 08:55:09

MEDICAL RECORD REPORT

ALTER REED ARMY MEDICAL CENTER
MEDICAL EVALUATION BOARD SUMMARY

Page 2 of 2

VITAL SIGNS:

LABORATORY/X-RAY:

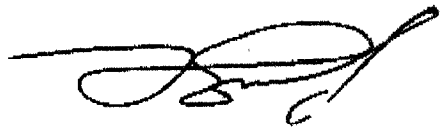
HOSPITAL COURSE:

PRESENT CONDITION AND PROGNOSIS:

FINAL DIAGNOSES:

1. Obstructive sleep apnea.
2. Restless legs syndrome.
3. Inadequate sleep hygiene.

DISPOSITION/RECOMMENDATIONS: Patient does not meet medical retention standards of paragraph 3-41C, AR 40-501 for obstructive sleep apnea because he requires wearing a C-pap at night and is therefore referred to the Physical Evaluation Board. Patient was intensively counseled for driving safety and it was stressed to him on many occasions that patient should avoid driving if he feels sleepy.



ANGREI KHRAMTSOV
Pulmonary and Critical Care

6722/8003	NAME: NORMAN, EDDIE
	REGISTER No. SSN
	205156
MEDICAL EVALUATION BOARD SUMMARY	UNIT:
SF502 Automated Version of OF275	Orig Job#:36574 Job#: 1451637 Doc#: 1165314
	D: 07/07/2003 13:26:24 T: 07/07/2003 13:59:24
	E: 09/26/2003 08:55:09

MEDICAL RECORD REPORT

REPORT OF MEDICAL HISTORY

Form Approved
OMB No. 0704-0413
Expires Aug 31, 2003

(This information is for official and medical confidential use only and will not be released to unauthorized persons.)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1216 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 506, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9387.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both) to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Norman, Eddie	2. SOCIAL SECURITY NUMBER [REDACTED]	3. TODAY'S DATE (YYYYMMDD) 20030901
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 3046 C Wadsworth Ct Ft Meade, MD 20755	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Dept of Allergy Immunology Walter Reed Army Medical Center Washington D.C. 20307	
b. HOME TELEPHONE (Include Area Code) 410-305-0985		

X ALL APPLICABLE BOXES:

6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input checked="" type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) Retirement U.S. Service Academy ROTC Scholarship Program	7.a. POSITION (Title, Grade, Component) SSG, E-6, USA
			7.b. USUAL OCCUPATION 63B30-Lt Wheel Mechanic

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)
Liptor 10 mg qd / Glucotrol XL 10 mg qd / Prozac 40mg qd
Ramipri 12.5 mg qd / Albuterol INH prn
Ambien 10mg HS prn / Zitia 10mg qd / tylenol#3 prn

9. ALLERGIES (including insect bites/stings, foods, medicine or other substance)

NKDA

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input checked="" type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	g. Impaired use of arms, legs, hands, or foot	<input checked="" type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input checked="" type="radio"/>	h. Swollen or painful joint(s)	<input checked="" type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input checked="" type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Shortness of breath	<input checked="" type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input checked="" type="radio"/>
f. Bronchitis	<input checked="" type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or crutches, etc.	<input type="radio"/>	<input checked="" type="radio"/>
g. Wheezing or problems with wheezing	<input checked="" type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input checked="" type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input checked="" type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input checked="" type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input checked="" type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input checked="" type="radio"/>
j. Sinusitis	<input type="radio"/>	<input checked="" type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input checked="" type="radio"/>
k. Hay fever	<input type="radio"/>	<input checked="" type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input checked="" type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input checked="" type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input checked="" type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input checked="" type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input checked="" type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input checked="" type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input checked="" type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input checked="" type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input checked="" type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input checked="" type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input checked="" type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input checked="" type="radio"/>
f. Worn contact lenses or glasses	<input checked="" type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input checked="" type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input checked="" type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input checked="" type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input checked="" type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input checked="" type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input checked="" type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input checked="" type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input checked="" type="radio"/>
d. Numbness or tingling	<input checked="" type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input checked="" type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input checked="" type="radio"/>